

2080 DE-ESCALATION AND INTERVENTIONS

Chapter: **Sununu Youth Services Center**

Section: **Safety and Security**



New Hampshire Division for Children, Youth and Families Policy Manual

Policy Directive: **16-16**

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Scheduled Review Date:

Approved:

A handwritten signature in cursive script that reads "Lorraine Bartlett".

Lorraine Bartlett, DCYF Director

Related Statute(s): [RSA 126-U](#), [RSA 621](#), and [RSA 621-A](#)

Related Admin Rule(s):

Related Federal Regulation(s):

Related Form(s): [FORM 2079](#), [FORM 2080](#), [FORM 2082](#), [FORM 2085](#), [FORM 2086](#), [FORM 2130](#), and [FORM 2131](#)

Bridges' Screen(s) and Attachment(s):

SYSC is committed to a safe, therapeutic environment for youth at the facility. This commitment includes the opportunity for youth to learn positive coping skills and ways to handle distressing thoughts and feelings through positive engagement and the use of supportive techniques. There may be limited times when restrictive interventions are necessary but this shall be after all other reasonable efforts for de-escalation have been made, and when the use of restrictive intervention is determined necessary due to presenting safety concerns. Any time restrictive intervention is used, it shall be used with the least amount of force necessary to ensure safety, measured to the behavior presented, justifiable, authorized according to policy and training, and account for the youth's safety throughout the intervention.

Purpose

This policy establishes staff procedures for a continuum of interventions, including de-escalation and restrictive interventions when working with youth committed or detained at the SYSC.

Definitions

"DCYF" or the **"Division"** means the Department of Health and Human Services' Division for Children, Youth and Families.

"De-escalation" means the staff use of supportive techniques designed to interrupt further escalation of behavior.

"Incident" means any event or crisis within or affecting the facility that risks or compromises safety and security of the facility, or threatens actual harm to another youth or staff, and requires a staff response and written documentation. Such incidents may or may not require the use of a restrictive intervention.

"Restraint" means a physical, mechanical, or medicinal intervention that immobilizes a youth or restricts the freedom of movement of his/her torso, head, arms, or legs.

"Restrictive Intervention" means a procedure that falls on the continuum of behavioral management techniques, utilized by trained staff to: hold; restrict; escort; move; transport; physically, mechanically, or medically restrain; seclude; isolate; or segregate a youth from free movement or participation in SYSC programs. Not all restrictive interventions are reportable under RSA 126-U. (See Practice Guidance for further information)

"Seclusion" means the involuntary separation of a child alone in a place where no other person is present and from which the particular child is unable to exit, either due to physical manipulation or by a person, a lock, or other mechanical device or barrier.

“SYSC,” or the **“John H. Sununu Youth Services Center,”** or the **“Youth Detention Services Unit”** means the architecturally secure juvenile treatment facility administered by the Division for Children, Youth and Families for committed juveniles and detained youth, and for NH youth involved with the NH court system prior to their adjudication.

Policy

- I. Teaching problem-solving and conflict resolution skills to youth is at the core of SYSC programming.
 - A. From admission through discharge, staff will engage youth in a collaborative effort to build pro-social and appropriate coping skills necessary for successful re-entry into the community.
 - B. Staff will encourage youth to maintain responsibility for their behavior by encouraging youth to work on skills identified through the treatment planning process.
 - C. Positive behaviors, appropriate coping skills, and youth exhibiting the ability to de-escalate are reinforced.
 - D. While staff may need to take control of a behavioral situation to address safety or to assist youth in implementing new skills, staff control will be measured to the presenting behavior to allow youth to utilize and implement self-control when practicable.
 - E. The emphasis on taking advantage of “teachable moments” is essential but safety and security are always prioritized.
- II. Only staff who have successfully completed mandatory training through the Bureau of Organizational Learning and Quality Improvement are authorized to use de-escalation, intervention, and restrictive intervention procedures set forth in this policy.
- III. Staff shall maintain alertness to the emotional and behavioral status of the youth in their care and attempt to de-escalate situations.
 - A. There may be times when it is more practicable for staff to disengage, gain safe distance, and wait for assistance before attempting an intervention, and other times when immediate intervention is necessary based on circumstances and staff’s professional judgment.
 - B. Staff discovering pre-planned attempts by youth to escape, disrupt programming, or target individuals for harm will report the known details to the Supervisor On-Duty for consideration of a facility-wide response.
- IV. Incidents where youth are able to de-escalate will be documented for review by the youth’s assigned individual Clinician to further inform the youth’s Personal Safety Plan (Form 2131) and SYSC Treatment Plan (Form 2130).
 - A. The youth’s treatment team shall consider positive rewards, privileges, and incentives for a youth’s demonstrated ability to de-escalate and use positive coping skills.
- V. Youth may be referred to the Crisis Services Unit according to [policy 2170](#), when further supportive interventions are deemed appropriate for the safety of youth and staff. A referral to the Crisis Services Unit must not be made as a consequence or punishment.

De-Escalation

- I. When youth begin to show signs of distress, agitated behavior, or antecedent behaviors to acting out, staff will engage the youth to attempt to address the concerns.
 - A. Staff will ask the youth defusing questions designed to provoke thought and give staff an opportunity to recognize and assess a situation as well as keep the youth in a thinking area of the brain. Examples are to ask about any specific issues, if they need anything, what could help the youth now, or does the youth want to make a plan.
 - B. Staff will validate youth's thoughts and feelings.
 - C. Staff will direct the youth to review their [Personal Safety Plan](#) (Form 2131) and use coping skills specific to the circumstances.
 1. Redirect the youth and remind the youth of their responsibility to practice coping skills; and
 2. Attempt other de-escalation techniques that have been successful with the youth.
 - D. Youth may be advised, when practicable, that loss of level, trust status, furlough status, or other major consequences may be avoided.
 - E. When appropriate, staff should set reasonable and enforceable limits.
 - F. Youth who respond positively should be praised.
 - G. Youth who do not respond or continue to escalate should continue to have opportunities to de-escalate in the absence of safety concerns.
- II. Staff will attempt to resolve a situation with the fewest number of staff and other youth present while accounting for the safety of all. This can include:
 - A. Clearing an area of other youth;
 - B. Suggesting a youth remove themselves from an area; or
 - C. Other means to maintain the youth's privacy.
- III. If a youth remains oppositional but is not presenting a safety concern, staff should employ a team approach. Staff responding will coordinate their response with the first staff before intervening depending on the circumstances.
- IV. Offer processing opportunities such as Figuring Out The Problem worksheets, 1:1 counseling, or Stress and Control scales.
- V. Youth may request to meet with Clinical or Medical staff at any time depending on the availability of the Clinical or Medical staff identified.
- VI. Staff may employ a use of voice in a professional and appropriate tone to issue clear and concise orders that youth can understand. A controlled use of voice may help de-escalate a situation and alert the youth and others of attempts to verbally intervene.

- VII. Staff may call for a Response Team when justified in their professional judgment according to SYSC practice on the use of Response Teams.

Cooling-Off

- I. Cooling-off is a technique designed to intervene early in a youth's pattern of behavior that gives the youth an opportunity to regain control.
- II. Cooling-off is for youth to use appropriate coping skills and may be implemented outside of the youth's bedroom.
- III. Cooling-off is intended to be a teachable process, not disciplinary. The intended outcome is for youth and staff to process positive outcomes without further escalation.
- IV. Cooling-off may be initiated by:
 - A. Youth requesting a Cooling-off;
 - B. Staff suggesting that a youth take a Cooling-off. If practicable, youth may be provided another chance to continue in programming, however if the behavior or disruption continues, staff will direct the youth to take a Cooling-off; or
 - C. Staff determining that a youth needs to be directed to take a Cooling-off.
 1. Staff should approach the youth and discuss the youth's presenting behavior.
 2. For youth unable to comply, staff will continue to employ de-escalation or intervention as justified and authorized according to this policy.
- V. The following steps are taken when using Cooling-off:
 - A. Staff will discuss the request and possible alternatives if the youth does not want to take a Cooling-off.
 - B. If Cooling-off is agreed, staff will first direct the youth to a designated area, not necessarily their bedroom, and inform the youth when staff will check-in every 5 minutes.
 - C. If the designated area is the youth's bedroom:
 1. The youth's door will remain open and unlocked.
 2. Removal of shoes and/or personal items will be assessed on an individual basis.
 - D. Staff will check in with the youth every 5 minutes and repeat this cycle until the youth can return to programming by mutual agreement.
 - E. Staff must document all Cooling-off periods of less than 15 minutes in the CourtStream Record of Discipline.
 - F. An Incident Report (Form 2085 or Form 2086) shall be completed when:
 1. The youth remains in his/her room for longer than 15 minutes;

2. Staff directed the youth to take a Cooling-off; or
 3. The youth's behavior before or during Cooling-off meets the criteria for a rules violation.
- G. A Watch/Safety Check Report (Form 2079) must be initiated if the Cooling-off exceeds 15 minutes.
1. Document 5 minute checks; and
 2. Identify the CourtStream Incident Report (Form 2085 or 2086) number on the Watch/Safety Check Report (Form 2079).
- H. When youth state they are ready to return to programming, staff and youth will discuss the incident, including reinforcement of skills used to de-escalate or alternatives.
- I. If a rules violation occurred before or during Cooling-off, the discussion will include consequences according to [policy 2100, Rules Violations](#).
- VI. If the youth is unable to return to programming after the first hour the, Supervisor On-Duty must approve the continued use of Cooling-off.

Restrictive Interventions

- I. Staff will use restrictive interventions only when a youth's behavior presents a substantial and imminent risk of harm to the youth or others, or will compromise the safety and security of the facility, and:
 - A. Efforts to de-escalate the youth have been exhausted or proven unsuccessful; or
 - B. Efforts to de-escalate are not possible due to the emergent nature of the behavior.
- II. Staff shall apply restrictive intervention(s) according to this policy and training by the Bureau of Organizational Learning and Quality Improvement.
- III. The continuum of restrictive interventions can be categorized with directional interventions as the least restrictive and physical prevention as the most restrictive.
 - A. Directional intervention is designed as a physical prompt to interrupt behavior and follow staff's instruction.
 1. Touching the youth and guiding is intended to move the youth away from a situation and engage in continuing de-escalation efforts.
 2. Staff should consider:
 - (a) Their history with the youth;
 - (b) Prior plans developed to diffuse escalated behaviors;
 - (c) The youth's demeanor, including if touching the youth may cause a defensive reaction; and

- (d) Their current location and surroundings.
 - B. Physical prevention means touching or holding some part of a youth's body to:
 - 1. Calm or comfort;
 - 2. Intervene in an impending or attempted assault or fight;;
 - 3. Prevent an assault or self-harm with minimal force;
 - 4. Physically escort or remove an unwilling disruptive youth;
 - 5. Obstruct or hold to prevent escape or AWOL from the SYSC facility or campus; or
 - 6. Defend one's self or a third person from imminent use of unlawful force by a youth.
 - C. The use of [seclusion](#) and [restraint](#) are covered separately in their respective policies.
- IV. When circumstances permit, staff shall obtain prior authorization from the Supervisor On-Duty before implementing a restrictive intervention.
- A. In the absence of immediate Supervisory approval staff may determine the use of restrictive interventions are authorized if the criteria in I above are met and the restrictive intervention is a reasonable response such that staff believe based upon the circumstances at the time that administration would authorize the use of a restrictive intervention.
 - B. Once safe, staff shall immediately notify the SYSC Director of Operations, Administrator of Clinical and Residential Services, and Medical Department staff, that a restrictive intervention has been implemented in the absence of prior approval.
- V. Staff specifically trained in the safe use of restrictive interventions shall directly and continuously visually and auditorially monitor a youth in a restrictive intervention.
- VI. The duration of a restrictive intervention is expressly limited to the extent necessary to protect the youth and/or others.
- VII. The Supervisor On-Duty shall designate a staff involved in a restrictive intervention to complete and submit:
- A. An Incident Report (Form 2085 or Form 2086); and
 - B. Pursuant to [policy 2084, Determining RSA 126-U Documentation and Notifications:](#)
 - 1. An SYSC Restrictive Intervention/De-Escalation Report (Form 2080); or
 - 2. An RSA 126-U Reportable Seclusion/Restraint Notification Report (Form 2082).
- VIII. Medical staff shall assess the youth at the conclusion of a restrictive intervention involving physical contact to determine whether there is an apparent injury or not.

- A. Each medical assessment shall be documented in writing on the incident report (Form 2085 or Form 2086) that correlates to the incident and retained by SYSC.
- IX. The youth's Unit Manager or designee and staff involved shall debrief the restrictive intervention before the end of the shift in which it was implemented.
 - A. This debrief shall include a determination by the Unit Manager or designee that:
 - 1. Staff is coping effectively. For staff experiencing distress, the Unit Manager or designee will seek further guidance from the SYSC Administration;
 - 2. Determines if the intervention was consistent with SYSC policy and expected practice; and
 - 3. The appropriate restrictive intervention report (Form 2080 or Form 2082) pursuant to [policy 2084, Determining RSA 126-U Documentation and Notifications](#) has been completed.
 - B. All debriefings shall be noted on the Incident Report (Form 2085 or Form 2086).
- X. Clinical staff or the Clinician On-Call shall assess the youth's well-being within 24 hours of a restrictive intervention.
 - A. Each clinical assessment shall be documented in the youth specific Case Notes on CourtStream.
 - B. The clinician conducting this assessment shall report their findings to the youth's Treatment Team.
- XI. The Incident Review Panel will review all Incident Reports and RSA 126-U Reportable Seclusion/Restraint Notification Reports for compliance in the use of restraint with training, this policy, and the law.
- XII. [Policy 2084, Determining RSA 126-U Documentation and Notifications](#) identifies additional notifications required if serious injury or death occurs during a restrictive intervention.
- XIII. The following restrictive intervention and behavior control procedures are prohibited:
 - A. Any intervention that:
 - 1. Obstructs a youth's respiratory airway, impairs the youth's breathing or respiratory capacity, or restricts the movement required for normal breathing;
 - 2. Places pressure, weight on, or causes the compression of a youth's chest, lungs, sternum, diaphragm, back, or abdomen;
 - 3. Obstructs the circulation of blood;
 - 4. Involves the pushing on or into the youth's mouth, nose, eyes, or any part of the face or involves covering the face or body with anything, including soft objects such as pillows, blankets, or washcloths; or

5. Endangers a youth's life or significantly exacerbates a youth's medical condition.
- B. The intentional infliction of pain, including the use of pain inducement to obtain compliance;
- C. The intentional release of noxious, toxic, caustic, or otherwise unpleasant substances near a youth for the purpose of controlling or modifying the behavior of or punishing the youth; and
- D. Any technique that unnecessarily subjects the youth to ridicule, humiliation, or emotional trauma.

Practice Guidance

Some youth will chose to go to their room to read a book or take a nap. Is this considered taking a Cooling-off?

- Youth can choose to go to their rooms without it being a Cooling-off.
- Staff must consider: is the youth going to their room to use a coping skill or is it how the youth has chosen to spend his/her time? If a youth is spending the morning taking a nap or reading a book because that is the youth's preferred activity then it is not a Cooling-off.
- If the youth is using a coping skill and there has been no behavior to rise to the level of a rules violation, then an incident report is not completed but the youth should be identified as taking a Cooling-off so that he/she can receive positive recognition for identifying and implementing their coping skill.
- For safety purposes, staff should always initiate a Watch/Safety Check Report (Form 2079) if a youth is in their room alone for more than 15 minutes during waking hours (8:00am to 8:00pm).

I am confused about what a Restrictive Intervention is. Is a restraint a Restrictive Intervention or is it a restraint?

- Restrictive Interventions is the name used to identify the continuum of responses to a youth's need for intervention that will involve a level of hands-on procedures.
- [Seclusion](#) and [Restraint](#) are forms of Restrictive Intervention. As the most restrictive forms of intervention it is important that we monitor their use and report on them in compliance with state laws. As such they are specifically documented separately from all other Restrictive Interventions.
- Consider the below visual. Any procedure that falls in the yellow and orange is documented as a Restrictive Intervention. Once an intervention is at the red level of restrictive response, it needs to be specifically documented by its name as a seclusion or restraint.

Restrictive Interventions

A Continuum of Procedures that Provide Hands-On Response

<u>Least Restrictive</u> Directional Intervention	<u>Most Restrictive</u> Physical Prevention
Escort Segregate Move	Hold Isolate Restrict Restrain Seclude

Where should I access the forms identified in this policy?

- The following forms must be completed in CourtStream, and should only be completed on the paper templates in an emergency during which access to the web has been disabled.
 - Form 2080 SYSC Restrictive Intervention/De-Escalation Report;
 - Form 2082 SYSC 126-U Reportable Seclusion/Restraint Notification Report;
 - Form 2085 SYSC Moderate Incident Report; and
 - Form 2086 SYSC Major Incident Report.
- The Watch/Safety Check Report (Form 2079), SYSC Treatment Plan (Form 2130), and Resident Personal Safety Plan (Form 2131) can be accessed through the [Division's Intranet Forms Manual](#).